

Pediatric Emergencies - Respiratory Distress

1118

Respiratory distress is a clinical state characterized by increased work of breathing. Clinical presentation may include: altered level of consciousness, tachypnea, abnormal skin color, nasal flaring, retractions, accessory muscle use, grunting, tracheal tugging and head bobbing.

Basic Life Support

1. Maintain airway patency, if foreign body is suspected perform BLS obstructed airway procedures.
2. Oxygen 15 LPM via non-rebreather or 6 LPM via nasal cannula, if mask is not tolerated.
3. Assist ventilations with BVM and 100% oxygen if respiratory effort is ineffective.
4. Obtain history.
5. Consider ALS backup if advanced airway may be needed.
6. Transport.

Advanced Life Support

1. Assess airway patency, if foreign body is suspected perform ALS obstructed airway procedures.
2. Assess breath sounds.
3. Administer nebulized bronchodilator if evidence of restrictive airway process:
 < 1 year of age: 0.25 ml of 0.5% Albuterol with 3 ml NS.
 > 1 year of age: 0.5 ml of 0.5% Albuterol with 3 ml NS.
4. Intubate if indicated.
5. Establish IV with Normal Saline KVO.

Key Points/Considerations

1. It is extremely important to reassure a frightened child.

Service Director Initials _____

Medical Director Initials _____

Date Approved By KBEMS _____

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